Recipient Committee Campaign Statement Cover Page	Sec. 1	Δ (Date Stamp
(Government Code Sections 84200-84216.5)	Statement covers period from 07/01/2019	Date of election if applicable; (Month, Day, Year)	Page 1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2019	11/03/2020	
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3 Image: State Candidate Controlled Committee Primarily Formed B. O State Candidate Election Committee Committee O Sponsored Also Complete Part 5) Controlled Also Complete Part 6) Controlled Committee O Sponsored Committee O Sponsored Committee O Small Contributor Committee O Sma	ees – Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	☐ Quarterly Statement☐ Special Odd-Year Report☐ Supplemental Preelection☐ Statement - Attach Form 495
O Political Party/Central Committee	(Also Complete Part 7)		
3. Committee Information	1.D. NUMBER 1342332	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Patino for Mayor 2020	MITTEE)	NAME OF TREASURER Tom Martinez	
		MANLING ADDRESS 2624 Airpark Dr.	
I -		CITY	STATE ZIP CODE AREA CODE/PHONE
4 Airpark Drive		Santa Maria	CA 93455 (805)934-5737
CITY	ARE		
Santa Maria MAILING ADDRESS (IF DIFFERENT) NO. AND STREET O	93455 (805) 934-5737 OR P.O. BOX	Trent Benedetti MAILING ADDRESS	
APPATO NATION	L	2151 S. College Dr., Ste. 101	OTAST 210 OODS ABEA CORFIGURAL
O'AIR	AREA CODE/FINONE	CIIT Santa Maria	
OPTIONAL: FAX / E-MAIL ADDRESS tom@martinezassoc.net		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under paging under the laws of the State of California that the foregoing is true and correct	eviewing this statement and to the best of my kn	owledge the information contained herein and in t	ne attached schedules is true and complete. I certify
Executed on 1200	By	a Melachth	
Executed on 1/28/2020	By Signeture of Co	Il 22 Mills State Measure Proponent or Responding Officeholder, Candidate, State Measure Proponent or Respondent o	Sponsible Officer of Sponsor
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	pponent

COVER PAGE

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Executed on -



				Page 2	of4
5. Officeholder or Candidate Controlled Committee	ittee	6. Primarily Formed Ballot Measure Committee	asure Commit	tee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Alice Patino					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JUI	JURISDICTION		SUPPORT
Mayor				о П	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	CITY STATE ZIP	- 1 - 237			
2624 Airpark Drive San	Santa Maria CA 93455	identify the controlling officeholder, candidate, of state measure proponent, if any	ider, candidate, o	r state measure pro	ponent, ir any.
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	E, OR PROPONENT		
Related Committees Not Included in this Statement: List not included in this statement that are controlled by you or are primarily it contributions or make expenditures on behalf of your candidacy.	utement: List any committees or are primarily formed to receive adidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
COMMITTEE NAME	I.D. NUMBER				
		7 Primarily Eormod Candidate/Officeholder Committee Vicense of	ho/Officeholder	Committee	30 30000
NAME OF TREASURER	CONTROLLED COMMITTEE?		which this committ	ee is primarily formed	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	ox)	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	Tanggaria [
					OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	OX)				
CITY STATE ZIP CODE	CODE AREA CODE/PHONE	Attach co	Attach continuation sheets if necessary	if necessary	

Campaign Disclosure Statement	Amounts may be rounded		Statement covers period
Summary Page	to whole dollars.	from	07/01/2019
SEE INSTRUCTIONS ON REVERSE		through	12/31/2019 Page 3 of 4
NAME OF FILER			I.D. NUMBER
Patino for Mayor 2020			1342332
Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 00.00	\$ 0.00	General Elections
2. Loans Received Schedule B, Line 3	0.00	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$	00.00	20. Contributions Received \$ 0.00 \$ 0.00
4. Nonmonetary Contributions	00.00	0.00	lres \$ 450.00
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 143.75	\$ 593.75	Candidates
7. Loans Made Schedule H, Line 3	0.00	00.00	# of the control of t
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 143.75	\$ 593.75	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	00.00	Date of Election Total to Date
10. Nonmonetary Adjustmentschedule C, Line 3	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 143.75	\$ 593.75	\$/-/
			6
Current Cash Statement	26. 36. 3		
90		To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	00.00	amounts in Column A to the corresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	00.00	from Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above	143.75	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,993.07	figures that should be	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is	
17. LOAN GUARANTEES RECEIVED	0.00	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	00.00	ally).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	00.00		
Salvinos de la companya de la compan	1.50		FPPC Form 460 (Jan/2016 FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772
1 Act 1			www.fppc.ca.go

Statement covers period 07/01/2019 through 12/31/2019 from _ Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2020 Payments Made Schedule E

of 4 I.D. NUMBER 1342332 Page 4

SCHEDULE E

CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees F	- C (0 () () () ()	ayment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal, print ads	lyment, you may enter the code. Of member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	Dayment, you may enter the code. Otherwise, describe the payment. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services print ads member code. Otherwise, describe the payment. RAD radio airime and product campaign workers' salar petition circulating TR. tru, or cable airime and product and survey research TR. transfer between commit print ads WEB information technology or	escribe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	s me candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa María, CA 93455		PRO	Accounting			93.75
* Payments that are contributions or independent expenditures must a		so be summarized on Schedule D	chedule D.		SUBTOTAL \$	93.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	13
2. Unitemized payments made this period of under \$100	\$	8
3 Total interest paid this period on loans (Enter amount from Schedule B. Part 1. Column (e).)	· 0	00

143.75

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

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combination or or

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